

**CAMPAIGN FINANCE REPORT
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

COMMITTEE IDENTIFICATION

Name of Committee

Friends of Roger Laurel Tesch

Street Address

2935 S Fish Hatchery Rd #432

City, State and Zip Code

Fitchburg, WI 53711

CITY OF FITCHBURG

FEB 5 REC'D

OFFICE USE ONLY

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☒ January Continuing 2016 ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special

☐ July Continuing ☐ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report
also complete Schedule 4

**SUMMARY OF RECEIPTS AND
DISBURSEMENTS**

1. RECEIPTS

Column A
This Period

Column B
Calendar
Year-To-Date

1A. Contributions (Including Loans) from Individuals

\$ -0-

\$ 394.47

1B. Contributions from Committees (Transfers-In)

\$ -0-

\$ 100.00

1C. Other Income and Commercial Loans

\$ -0-

\$ -0-

TOTAL RECEIPTS (Add totals from 1A, 1B and 1C)

\$ -0-

\$ 494.47

2. DISBURSEMENTS

2A. Gross Expenditures

\$ -0-

\$ 466.89

2B. Contributions to Committees (Transfers-Out)

\$ -0-

\$ -0-

TOTAL DISBURSEMENTS (Add totals from 2A and 2B)

\$ -0-

\$ 466.89

CASH SUMMARY

Cash Balance Beginning of Report

\$ 33.63

Total Receipts

\$ -0-

Subtotal

\$ 33.63

Total Disbursements

\$ -0-

CASH BALANCE END OF REPORT

\$ 33.63

INCURRED OBLIGATIONS

(Balance at the Close of This Period-3A)

\$ -0-

LOANS (Balance at the Close of This Period-3B)

\$ 1,200.00

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Roger Laurel Tesch

Signature of Candidate or Treasurer

Roger Laurel Tesch

Date: 2/5/2016

Daytime Phone: 608-332-7039

NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

ADDITIONAL DISCLOSURE
Loans
Individual, Committee or Commercial

Complete Committee Name **Friends of Roger Laurel Tesch**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
2/1/2009		800.00	0.00	0.00	800.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
1/10/2011		400.00	0.00	0.00	400.00

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding \$

SUBTOTAL OUTSTANDING LOANS THIS PAGE

\$ 1,200.00

TOTAL OUTSTANDING LOANS

\$ 1,200.00